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CONFIRMATION NO. 8234

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/091,258	<b>FILING OR 371(c) DATE</b> 03/05/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> P03660US7	
<b>APPLICANTS</b> David R. Hathaway, Lincoln, NE; Thomas R. Coolidge, Falls Village, CT;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/851,738 05/09/2001 which is a DIV of 09/302,596 04/30/1999 PAT 6,284,725					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/05/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NE	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 44638					
<b>TITLE</b> COMPOSITIONS AND METHODS FOR TREATING PERIPHERAL VASCULAR DISEASE					
<b>FILING FEE RECEIVED</b> 875	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		